

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: MOUNTAIN VIEW HOME (0009539)

Address: 3319 N 16TH STREET, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0093583 **End Date:** 10/13/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009797 Served 10/25/2004

Deficiencies Cited
83.41(10)(b)

Subject Area
MECHANICALS IN GOOD REPAIR

Compliance
Verified

Corrected

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